|   |                         |                        |  | U.S.  | Patent and    | Approved for use the Trademark Office; U | nrough 06/30/201            | T OF COMMER      |  |
|---|-------------------------|------------------------|--|---|---------------|--|-----------------------------|------------------|--|
| Under the Paperwork Red   | uction Act o            | or 1995, no person     | are requ                               | red to respond to a c                                       |               |  |                             | IVIB control num |  |
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |                         |                        |  | Complete if Known Application Number 10/540,629-Conf. #5380 |               |  |                             |                  |  |
| ·   |                         |                        |  |   | June 23, 2005 |  |                             |                  |  |
| FEE TRANSMITTAL   |                         |                        | —————————————————————————————————————— |   | Yuichi Tokita |  |                             |                  |  |
| For FY 2009   |                         |                        |  | Examiner Name   |               |  | R. G. McDonald              |                  |  |
| Applicant claims small entity status. See 37 CFR 1.27   |                         |                        |  | Art Unit  |               | 1795                                     | 795                         |                  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 810.00   |                         |                        | Attorney Docket                        | S1459.70075   | )075US00      |  |                             |                  |  |
| METHOD OF PAYMENT (c  | heck all t              |                        |  |   |               |  |                             |                  |  |
| Check X Credit Card   |                         | Money Order            | No                                     | ne Other  | (please iden  | tify):                                   |                             |                  |  |
| Deposit Account Deposit Ac  | لــــــا<br>count Numb: | per: 23/2              | 2825                                   | Deposit   | Account Na    | me: Wolf, Gree                           | nfield & Sack               | s, P.C.          |  |
| For the above-identified  | deposit                 | account, the Di        | rector is                              | s hereby authorize  | ed to: (ch    | eck all that apply                       | )                           |                  |  |
| Charge fee(s) indi  | •                       |                        |  | اسست  |               | ndicated below, e                        |                             | filing fee       |  |
| Charge any additi   |                         |                        | nents o                                | f x Credit  | any over      | payments                                 |                             |                  |  |
| FEE CALCULATION   |                         |                        |  |   |               |  |                             |                  |  |
| 1. BASIC FILING, SEARCH, AI   | VD EXAM                 | MINATION FEE           | S                                      |   |               |  |                             |                  |  |
| ,   |                         | G FEES                 |  | ARCH FEES   | EXAM          | INATION FEES                             | 3                           |                  |  |
| Application Type F  | ee (\$)                 | Small Entity           | Fee (\$                                | Small Entity  | Fee (\$       | Small Entity Fee (\$)                    | Fees Pa                     | id (\$)          |  |
| Utility E   | 330                     | <u>Fee (\$)</u><br>165 | 540                                    | Fee (\$)<br>270   | 220           | 110                                      | rees ra                     | ια (φ)           |  |
| •   | 220                     | 110                    | 100                                    | 50  | 140           | 70                                       |                             |                  |  |
|   | 220                     | 110                    | 330                                    | 165   | 170           | 85                                       |                             |                  |  |
|   | 330                     | 165                    | 540                                    | 270   | 650           | 325                                      |                             |                  |  |
|   | 220                     | 110                    | 0                                      | 0   | 030           | 0  |                             |                  |  |
| R. EXCESS CLAIM FEES  | 220                     | 110                    | V                                      | V   | Ū             | v  | Si                          | mall Entity      |  |
| ee Description  |                         |                        |  |   |               |  | Fee (\$)                    | Fee (\$)         |  |
| Each claim over 20 (including Reissues)   |                         |                        |  |   |               |  | 52                          | 26               |  |
| Each independent claim over 3 (including Reissues)  |                         |                        |  |   |               |  | 220                         | 110              |  |
| Aultiple dependent claims   |                         |                        |  |   |               |  | 390                         | 195              |  |
| Total Claims Extra C  | laims                   | Fee (\$)               | F                                      | Fee Paid (\$)   |               | <u> Multiple Dependent Claims</u>        |                             |                  |  |
| 10 -40 or HP x =  |                         |                        |  | į   | Fee (\$)      | Fee Paid (\$)                            |                             |                  |  |
| HP = highest number of total claims p   | · -                     | reater than 20.        |  |   |               |  |                             |                  |  |
| Indep. Claims Extra C   | laims                   | Fee (\$)               | F                                      | Fee Paid (\$)   |               |  |                             |                  |  |
| 2 - 6 or HP =<br>HP = highest number of independent   | claime naic             | for if greater than    | , 3                                    |   |               |  |                             |                  |  |
| ,   | Ciairiis paic           | rior, il greater thai  | 13.                                    |   |               |  |                             |                  |  |
| 3. APPLICATION SIZE FEE If the specification and drawing listings under 37 CFR 1.52                 | ngs excee<br>(e)), the  | d 100 sheets o         | f paper<br>e fee du                    | (excluding electric is \$270 (\$135)                        | onically      | filed sequence of<br>entity) for each    | r computer<br>additional 50 |                  |  |
| sheets or fraction thereof.   |                         | S.C. 41(a)(1)(         | (G) and                                |   |               |  | Fee Pa                      | nid (\$)         |  |
| - 100 =<br>I. OTHER FEE(S)  | <del> </del>            | /50 =                  |  | (round <b>up</b> to a wh                                    | ole numbe     | r) x                                     | = Fees P                    | aid (\$)         |  |
| Non-English Specification,  | \$130 fe                | e (no small ent        | ity disc                               | ount)   |               |  | i dea F                     |                  |  |
| Other (e.g., late filing surch  |                         | •                      | -                                      | •   | tion (RC      | E) (see 37                               | 810                         | .00              |  |
| SUBMITTED BY  |                         | ,                      |  |   |               |  |                             |                  |  |
|   | leis                    | - Poto Ca              | 2/                                     | Registration No.<br>(Attorney/Agent)                        | 35,986        | 3 Telephone                              | 617.646.8                   | 3000             |  |
| Name (Print/Type) Randy J. Prit   | <del></del>             |                        | <u> </u>                               | , morroy/rigerty  |               | Date                                     | December 8                  | 3, 2008          |  |
|   |                         | Certificate of         | Flectron                               | ic Filing Under 37  | CFR 1 º       |  |                             |                  |  |
| I hereby certify that this paper (alor<br>system in accordance with § 1.6(a)                        |                         |                        |  |   |               | ing transmitted via                      | the Office electro          | onic filing      |  |
|   | ·\¬/·                   | a: :                   | Ja (1                                  | will a  | 11            | (D-15 A 1 )                              | 1-3                         |                  |  |
| Dated: December 8, 2008   |                         | Signature:             |  | run U   | <u> </u>      | _ (Delina A. Andrio                      | 10)                         |                  |  |